

Treating sexual partners

All sexual partners of persons who test positive for an STD should be treated. Partner notification and treatment is a central component to containing the gonorrhea and syphilis outbreak in Maine.

Gonorrhea:	Syphilis:
Patients who test positive for gonorrhea must have their sex partners evaluated and treated. All partners within 60 days previous to diagnosis (or the last one if more than 60 days) should be evaluated and treated.	Persons who were exposed within the 90 days preceding the diagnosis of primary, secondary, or latent syphilis in a sex partner might be infected even if seronegative; therefore, such persons should be treated presumptively.

Partner notification options

Let your patients know that partner notification is an essential component to their treatment, and to the prevention of further infections. Without treating their sexual partner(s), they could become re-infected and continue to spread the infection to others.

- Your patients can refer their partners for testing and treatment. As a health care provider, you can also perform partner notification upon consent of the infected patient.
- Public health field workers, called Disease Intervention Specialists (DIS), focus on preventing outbreaks by assisting people who are diagnosed with an STD to identify and notify their sex partners. They regularly work with health care providers in Maine to locate partners who should be tested and treated. Call the Bureau of Health to learn more about how DIS can work with your patients: 207-287-2046.
- Once partners are notified, their care can be managed in one of the following 3 ways:
 - The partner can be referred to his or her own primary care provider;
 - The provider giving care to the infected patient can see the partner; or
 - The partner can be referred to the nearest state-funded STD clinic, if the clinic is within reasonable distance.

Bureau of Health: 287-2046
Bangor STD Clinic: 947-0700
Auburn STD Clinic: 795-4019
Portland STD Clinic: 756-8067



Track and Prevent New Infections

Help control the gonorrhea and syphilis outbreaks

The Maine Bureau of Health HIV/STD Program conducts weekly reviews of new STD cases to monitor outbreaks and to plan regional and population-specific interventions. Recent efforts have focused on gonorrhea in the central and southern regions of the state.

Accurate identification and timely reporting of STDs are integral components of successful disease control. Timely reporting is important for assessing morbidity trends, targeting limited resources, and assisting public health agencies in identifying sex partners who may be infected.

Reporting reminders:

- Familiarize yourself with Maine reporting requirements. Syphilis, gonorrhea, chlamydia, HIV, and AIDS are reportable diseases.
- Cases of *Neisseria gonorrhoeae*, defined as a positive laboratory test for *Neisseria gonorrhoeae*, should be reported to the STD Program.
- If you are treating a suspect case of gonorrhea please contact the STD Program so that appropriate follow-up occurs in a timely manner. Telephone: 207-287-2046.
- Report cases of gonorrhea, syphilis, and other STDs by:
 - Mail:** using the form (V-11) provided by the Maine Bureau of Health
 - Fax:** 207-287-3498
 - Phone:** 207-287-2046
 - Toll-free phone:** 1-800-821-5821

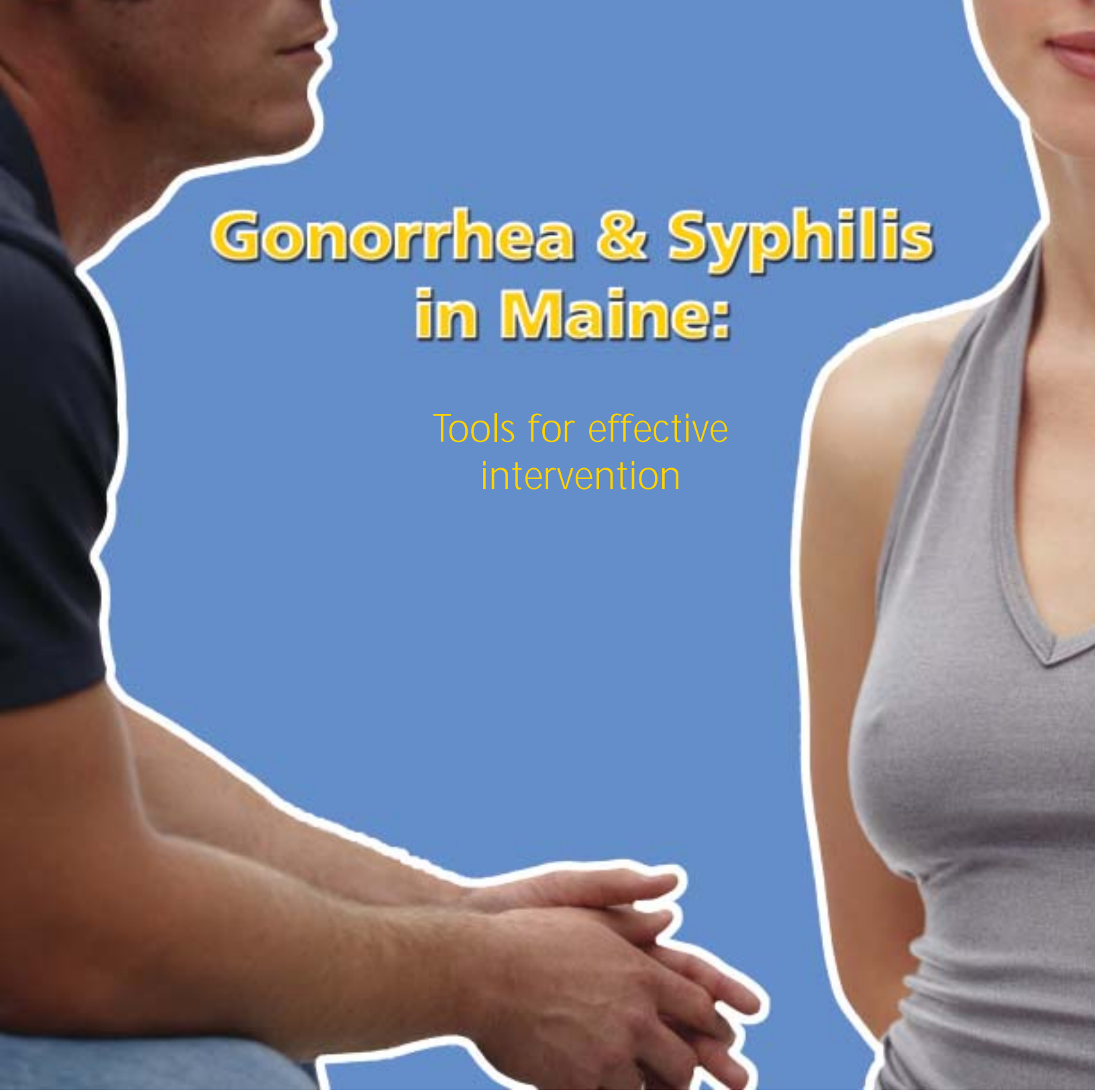
Protect your patients’ health

What to tell patients at high risk of becoming infected with an STD

- Stop all sexual activity until a diagnosis is made and treatment is completed.
- All sexual partners of the previous 60 days should be contacted for STD testing and treatment.
- Take realistic steps to reduce ongoing risk.
 - Options include reducing the number of sex partners, increasing condom use, abstinence, monogamy, and reducing drug/alcohol use.
 - Develop and record a risk reduction plan.
- Review educational material about STD prevention, testing and treatment (such as fact sheets).
- Consider following up with specialized services, if needed.
 - a. Alcohol or drug treatment programs
 - b. Partner/domestic violence services
 - c. Lesbian/gay/bisexual support services
 - d. Couples or individual counseling

In accordance with Title VI of the Civil Rights Act of 1964 (42 U.S.C. § 1981, 2000 et seq.) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. § 794), the Age Discrimination Act of 1975, as amended (42 U.S.C. § 6101 et seq.), Title II of the Americans with Disabilities Act of 1990 (42 U.S.C. § 12131 et seq.), and Title IX of the Education Amendments of 1972, (34 C.F.R. Parts 100, 104, 106 and 110), the Maine Department of Human Services does not discriminate on the basis of sex, race, color, national origin, disability or age in admission or access to or treatment or employment in its programs and activities.

For more information on prevention, treatment, or services in a specific area, please contact the Maine Bureau of Health HIV/STD Program at 207-287-3747.



Gonorrhea & Syphilis in Maine:

Tools for effective intervention

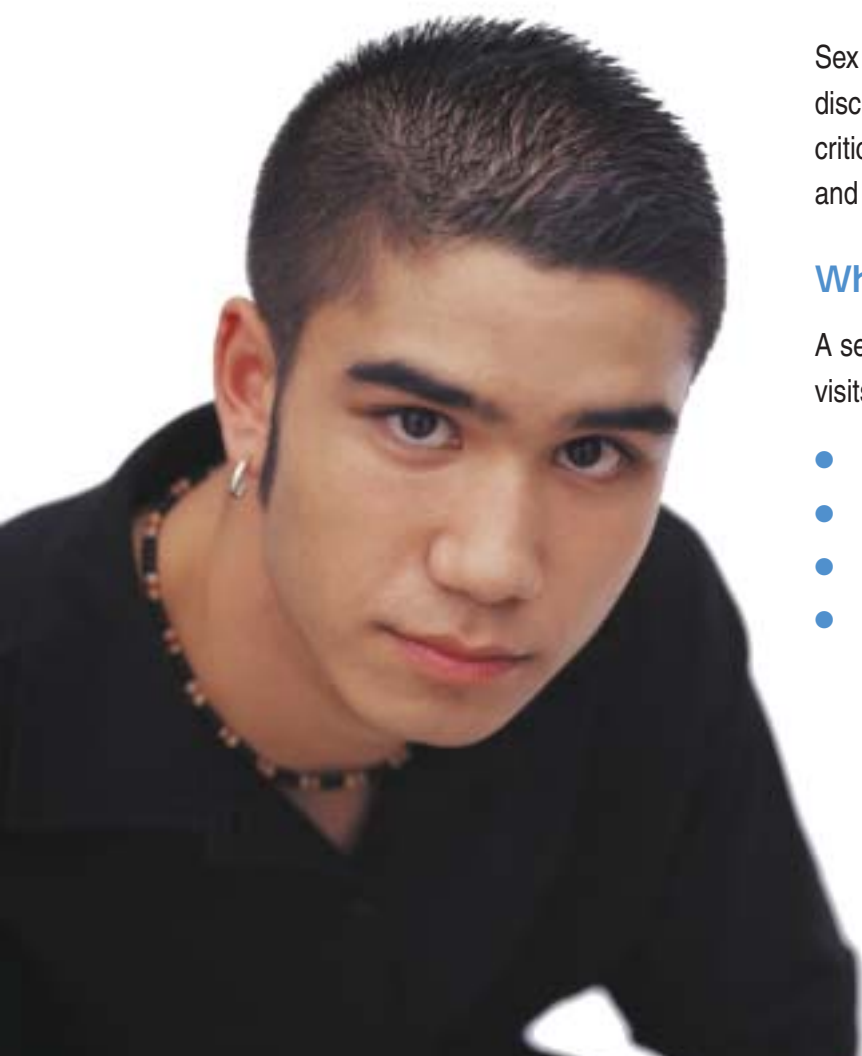
Information for Health Care Providers

HIV/STD Program, Bureau of Health, Maine Department of Human Services
June 2003

Maine is experiencing the highest rates of gonorrhea and syphilis seen in recent years. While all sexually active patients are at risk for these sexually transmitted diseases, men who have sex with men (MSM) are particularly vulnerable.

As a health care provider, you are a critical partner in the screening, testing, treatment, tracking and prevention of all STDs, including HIV.

Assess Your Patient’s Risk



Sex practices and STD risk factors are sensitive topics to discuss, but they are necessary to provide patients with critical information about protecting themselves and others.

Who should be assessed?

A sexual history should be taken for every patient during visits when he or she presents:

- For periodic examination and health assessment
- With signs or symptoms associated with an STD
- As a contact of someone infected with an STD
- For STD screening



Tips for beginning the sexual history

- Acknowledge the personal nature of the questions you are about to ask
- Explain why you are asking these questions
- Assure patient confidentiality

Example: “Now I’m going to ask some questions about your sexual health. These questions are very personal. They are important for me to ask so I can be thorough in assessing possible health issues; I ask these questions of all my patients. Like the rest of this visit, this information is strictly confidential.”

Tips for sensitive conversations

- Make no assumptions when asking about patients’ sexual partners and practices.
 - “Have you had more than one sex partner in the past three months?”
 - “When you have sex, is it with men, women, or both?”
 - “What types of sex do you have (i.e., anal, oral, vaginal)?”
- Be specific. Clarify information when necessary.
 - “How often do you use latex condoms?”
 - “Do you use latex condoms every time you have anal sex?”
- Normalize the behaviors you are discussing to encourage honesty.
 - “Some of my patients who use condoms during sex don’t use them every single time. Have you ever been in this situation?”
 - “Some of my patients who use condoms find they sometimes break or fall off. Has this ever happened to you?”
- Ask direct questions.
 - “What have you done to protect yourself from STDs?”
 - “Do you use a latex condom when you have sex?”
 - “When was the last time you...”
 - “How often do you...”
- Accept that your patient’s values may be different than your own.



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Provide Testing and Treatment

All patients at risk for STDs should be tested. Due to recent outbreaks in Maine, it is important to maintain a high index of suspicion for gonorrhea and syphilis.

All patients who are tested for gonorrhea, syphilis or any other STD should be offered a test for HIV infection. Timely testing and treatment of gonorrhea, syphilis, and other STDs are essential to HIV/AIDS prevention efforts. STD infections make it easier for an individual to contract HIV. It is important that sexually active patients understand that prompt treatment of an STD reduces an individual’s chances of acquiring HIV/AIDS.

Testing Reminders

- Because many STDs have general symptoms that occur with a number of other diseases, patients may not be aware that they may have one or more STD(s).
- Many patients do not have symptoms when infected with gonorrhea and chlamydia.
- All patients, including those with HIV infection, should routinely undergo straightforward and nonjudgmental STD/HIV risk assessment.

All patients at risk should be screened for gonorrhea, syphilis and chlamydia. Screening for HIV, HSV, HPV should also be considered (Vaginitis for females should also be considered.) Routine STD exams should include:

- syphilis serology;
- a urethral or cervical culture or urine nucleic acid amplification (e.g. Gen-Probe) test for gonorrhea and chlamydia; and
- pharyngeal culture for gonorrhea in patients with oral-genital exposure.

Additionally, all females who have had anal intercourse should receive rectal gonorrhea culture. All MSM who have had receptive anal intercourse should receive rectal gonorrhea culture; and HIV serology if previously HIV-negative or not tested.

(Note: nucleic amplification tests, e.g. Gen-Probe, are not approved for screening pharyngeal or rectal gonorrhea.)

More frequent screening (e.g. at 3 to 6 month intervals) may be indicated for MSM who have increased risk through multiple anonymous sexual partners or sex in conjunction with illicit drug use.

- Patients who have syphilis may seek treatment for signs or symptoms of primary infection (ulcer or chancre), secondary infection (skin rash, mucocutaneous lesions, lymphadenopathy), or tertiary infection (cardiac, ophthalmic, auditory abnormalities, and gummatous lesions).
- Patients should be counseled on condom use and STD/HIV prevention, and offered HIV testing.

Treatment reminders:

- For patients with clinically compatible presentations, and for patients presenting because they have been named as gonorrhea contacts, presumptive treatment should be initiated for both gonorrhea AND chlamydia.
- Be aware that there were incidences in California of an outbreak of drug-resistant strains of gonorrhea, strains of gonorrhea that were resistant to ciprofloxacin.
- HIV positive patients who have early syphilis may be at increased risk for neurologic complications and may have higher rates of treatment failure with currently recommended treatment regimens.
- Instruct your patients to abstain from sexual intercourse until they and their sex partners have completed treatment: seven days after a single-dose regimen or after completion of a seven-day regimen.

Refer to the Centers for Disease Control and Prevention 2002 STD Treatment Guidelines (available at www.cdc.gov/std/treatment) for the treatment of all STDs, including syphilis and gonorrhea.